



Food Program Official Inspection Report

Siskiyou County Community Development Department
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 phone: (530) 841-2100, fax: (530) 841-4076

Facility Name: Five Loaves	Permit #
Address: 5620 Hogan Dr Weed CA 96094	
Permit Holder: Breanna Saltzgaver	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-925-5270	E-mail: breanna7287@gmail.com
Food Safety Certified Employee: Breanna Saltzgaver	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p>PRE-OPENING INSPECTION CONDUCTED ON THIS DATE</p> <p>This CFO-B facility is approved to open with the following conditions:</p> <p>1) Obtain all required permits and licenses from any regulatory agency with oversight of this operation.</p>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize			
	14	Equip. Condition			
Employee	15	Utensil Condition			
	16	Storage			
	17	Handwashing			
Water	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Waste	21	Water			
	22	Cross Con.			
Vermin	23	Liquid Waste			
	24	Refuse			
Facilities	25	Rodents/ Insects			
	26	Animal/ Fowl			
	27	Ventilation	<input type="checkbox"/>		
	28	Doors	<input type="checkbox"/>		
	29	Floors	<input type="checkbox"/>		
	30	Walls - Ceilings	<input type="checkbox"/>		
Misc.	31	Toilet Fac.	<input type="checkbox"/>		
	32	Janitorial Fac.	<input type="checkbox"/>		
	33	Lighting	<input type="checkbox"/>		
	34	Clothing - Linen	<input type="checkbox"/>		
	35	Signs	<input type="checkbox"/>		
	36	Misc.	<input type="checkbox"/>		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Breanna Saltzgaver	Received by (Signature): _____ Date: 8/28/2024
REHS (Print): Alexa Thom	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Five Loaves

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Received By (Print):
Breanna Saltzgaver

Received by (Signature):

Date:
8/28/2024

REHS (Print):
Alexa Thom

REHS (Signature):

Phone:
530-841-2117

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